10277

MARYLAND

STATE DEPARTMETT OF HEALTH

10279 CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X
MARYLAND
LENGTH OF STAY (in this place) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Airy, Md X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EUGENE (Middle) ALVIN (Last) ADAMS

4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (Widowed)

8. DATE OF BIRTH: 24 Oct 1875

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (State or foreign country): Damascus, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emery Isaac Adams

14. MOTHER'S MAIDEN NAME: Laura Peddicord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT AND ADDRESS: Daughter. Mrs Hare - Marriottsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

433.1

Immediate cause (a) Cerebral embolus - — Interval Between Onset and Death: 16 Nov 54

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Auricular fibrillation, Arteriosclerosis - — 2 to 2 Nov 54

(c) Senility.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: 0

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Nov, 1954, to 23 Nov, 1954, that I last saw the deceased alive on 23 Nov, 1954, and that death occurred at 1:00 P m., from the causes and on the date stated above.

SIGNATURE Howard E Hall (Degree or title) MD. ADDRESS Sykesville, Md. DATE SIGNED 23 Nov 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 11-26-1954 — NAME OF CEMETERY OR CREMATORY: Taylorsville — LOCATION (City, town, or county) (State): Carroll Co. Md.

DATE REC'D BY LOCAL REG.: Nov. 25, 1954 — REGISTRAR'S SIGNATURE: C. Harry Weaver

24. FUNERAL DIRECTOR: C. M. Watts — ADDRESS: Winfield, Md.

RECEIVED
NOV 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10278

10280 # CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Taneytown
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural give location) York Street

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Alice (Last) Alexander

4. DATE OF DEATH: (Month) Nov. 16 (Day) (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: June 30, 1870
9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Soloman Baumgardner
14. MOTHER'S MAIDEN NAME: Elizabeth Stambaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: A.D.Alexander, Taneytown, Maryland

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 422.1	(A) Cerebral Thrombosis	23 hrs.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO ~~DUE TO~~ and myocardial degeneration	5 days
	(C) generalized arteriosclerosis	10 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Bronchopneumonia	20 hrs.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954 to 16 Nov., 1954, that I last saw the deceased alive on 16 Nov., 1954, and that death occurred at 4:30 P M, from the causes and on the date stated above.

SIGNATURE Walter E. Stevens M. D. ADDRESS Taneytown md. DATE SIGNED 17 Nov. 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 11/19/54
NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
LOCATION (City, town, or county) (State): Taneytown, Maryland

DATE REC'D BY LOCAL REGISTRAR: Nov. 18, 1954
REGISTRAR'S SIGNATURE: Ethel M Mehring
24. FUNERAL DIRECTOR ADDRESS: C.O.Fuss & Son, Taneytown, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 22 1954
BUREAU V. S.

10279

MARYLAND — **STATE DEPARTMETT OF HEALTH**

10281

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH — COUNTY: Carroll — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hyattsville X — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bungle Road. X — LENGTH OF STAY (in this place): 40 years — MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Carroll — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hyattsville X — STREET ADDRESS (If rural, give location): Bungle Road.

3. NAME OF DECEASED (Type or Print): (First) Caroline (Middle) May (Last) Baker

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 54

5. SEX: F. — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: 12-29-1875 — 9. AGE last birthday: 78 yrs. — If under 1 year: Months. Daye — If under 24 hrs: Houre Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Home — 11. BIRTHPLACE (State or foreign country): Md. — 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Aristello Gable — 14. MOTHER'S MAIDEN NAME: Sarah E. Spamer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT AND ADDRESS: J. Wesley Baker. Mannottsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4424

Immediate cause (a) arteriosclerotic cardiovascular disease — Interval Between Onset and Death: 15 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — 25 yrs

(c) chr. interstitial nephritis — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. senile changes —

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940 ..., 19..., to 5 Nov ..., 1954., that I last saw the deceased alive on 5 Nov, 1954., and that death occurred at 7:37 A. m., from the causes and on the date stated above.

SIGNATURE: J. Lawson — (Degree or title) M.D. — ADDRESS: Hyattsville P.O — DATE SIGNED: 6 Nov. 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11-8-54 — NAME OF CEMETERY OR CREMATORY: Bloomfield — LOCATION (City, town, or county) (State): Hyattsville, Md.

DATE REC'D BY LOCAL REG.: Nov. 7, 1954 — REGISTRAR'S SIGNATURE: C. Henry Ellis — 24. FUNERAL DIRECTOR: Hutton & Haight — ADDRESS: Hyattsville, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10280

10282 CERTIFICATE OF DEATH Reg. Dist. No. 75

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Manchester X
LENGTH OF STAY (in this place) 30 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester, Md. X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) George (Middle) Henry (Last) Bange
4. DATE OF DEATH: (Month) Nov (Day) 9 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb 6 1878
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Levi Bange
14. MOTHER'S MAIDEN NAME: Emma Kraft
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Theron Geisler Manchester, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Thrombosis — 1 wk —
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Hemorrhage — 4 days
DUE TO
(c) Arteriosclerosis — 1 yr

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED White at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to Nov 9, 1954, that I last saw the deceased alive on Nov 8, 1954, and that death occurred at 4 A.M., from the causes and on the date stated above.
SIGNATURE W. H. Hoard (Degree or title) M.D. ADDRESS Manchester Md DATE SIGNED Nov 9-1954

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial
DATE THEREOF Nov. 12, 1954
NAME OF CEMETERY OR CREMATORY Stone Church
LOCATION (City, town, or county) (State) Brodbecks R.D. York Co. Pa.
DATE REC'D BY LOCAL REGISTRAR Nov. 9-54
REGISTRAR'S SIGNATURE Mrs M. L. Denner
24. FUNERAL DIRECTOR H. C. Kerby & Son Geo. C. Keiper
ADDRESS Glen Rock, Pa.

RECEIVED
NOV 16 1954
BUREAU V. S.

10281

MARYLAND 10283

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 26

Item 22, FilmG173 11-29-54 et

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Union Mills X | LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Westminster, R. D. 1 X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Union Mills X
STREET ADDRESS (If rural, give location): Westminster, R. D. 1

3. NAME OF DECEASED (Type or Print): (First) George (Middle) William (Last) Bankert

4. DATE OF DEATH: (Month) 11/25/54 (Day) (Year) IN

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 7/22/1885 | 9. AGE last birthday: 69 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Mgr. & Steward. | 10b. KIND OF BUSINESS OR INDUSTRY: Farm and County Home

11. BIRTHPLACE (State or foreign country): Carroll County, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Bankert

14. MOTHER'S MAIDEN NAME: Annie Reigle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 215-32-3489

17. INFORMANT AND ADDRESS: Mrs E. Myrle Bankert, Westminster, R.D.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

200.0

Immediate cause (a) Pulmonary Edema. — 18 hours.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Reticulum. Cell Sarcoma with Generalized Metastases. — 1½ years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3 ....., 19 54, to 11/25 ....., 19 54, that I last saw the deceased alive on 11/25 ....., 19 54, and that death occurred at 1:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

L. Allen Marlow M.D. Westminster Md Nov 4 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 11/27/54 | NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery | LOCATION (City, town, or county) (State): Silver Run, Carroll Co, Md

DATE REC'D BY LOCAL REG.: Nov 26 1954 | REGISTRAR'S SIGNATURE: Harriet Mullin

24. FUNERAL DIRECTOR | ADDRESS: Jos. Little & Son Littlestown, PA.
Per R. A. Little

MARGIN RESERVED FOR BINDING

RECEIVED
29 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10282

10284 CERTIFICATE OF DEATH Reg. Dist. No. 7-4

1. PLACE OF DEATH.
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eldersville
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DEACEASED:
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eldersville
STREET ADDRESS (If rural give location) Eldersville R.D.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) P (Last) Beaman

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH: July 2, 1865 | 9. AGE last birthday 89 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Beaman
14. MOTHER'S MAIDEN NAME: Nessie Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs Carrie Beaman - Wife

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE: 92X
(A) Chronic Interstitial Nephritis
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Cardio Vascular Disease
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 1953, to 11/12/ , 1954, that I last saw the deceased alive on 11/11/ , 1954, and that death occurred at 11:30 A.M., from the causes and on the date stated above.
SIGNATURE Wm. E. Martin ADDRESS M. D., Randallstown Md DATE SIGNED 11/12/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11-14-54 | NAME OF CEMETERY OR CREMATORY Wesley Freedom | LOCATION (City, town, or county) (State) Mt. Airy, Carroll, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 13, 1954 | REGISTRAR'S SIGNATURE E. Harry Fox
24 FUNERAL DIRECTOR Guy H. Haight ADDRESS Eldersville, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10283

10285

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Sykesville X
LENGTH OF STAY (in this place) 4mo. 20days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp. 15

2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore
STATE Maryland COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Corbett
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) BERTHA PRICE CELLY

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): [illegible] | 8. DATE OF BIRTH: 3-29-1869 | 9. AGE last birthday: 85 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10B. KIND OF BUSINESS OR INDUSTRY. None | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Price | 14. MOTHER'S MAIDEN NAME: Matilda Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. [illegible] | 17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 d. 1

IMMEDIATE CAUSE (A) Cardiac Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic cardiovascular disease — Yrs.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE OR CONDITION CAUSING DEATH. CBS assoc. with circulatory distur- [illegible], 4 yrs

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION With psychotic reaction. | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-19, 1954 to 11-9, 1954 that I last saw the deceased alive on 11-9, 1954, and that death occurred at 11:20 M, from the causes and on the date stated above.

SIGNATURE Edmund Lustham M.D. ADDRESS M.D. Springfield State Hosp. DATE SIGNED 11-9-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11-12-54 | NAME OF CEMETERY OR CREMATORY Glyndale Methodist | LOCATION (City, town, or county) Monkton, Md (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 10, 1954 | REGISTRAR'S SIGNATURE C. Harry Richard | 24 FUNERAL DIRECTOR Brooks Funeral Service | ADDRESS Sparks, Md

10284

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10286 **CERTIFICATE OF DEATH** Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Sykesville
LENGTH OF STAY (in this place): 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Frostburg
STREET ADDRESS (If rural give location): 53 Armstrong Street

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) E. (Last) Boettner

4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: ? ? 1881

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10B. KIND OF BUSINESS OR INDUSTRY: Work -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Boettner

14. MOTHER'S MAIDEN NAME: Annie Reibling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. - 4 4 -

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypersensive cardio-vascular disease — DUE TO — years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Schizophrenia — 23 years and longer

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15 1950 to Nov. 20, 1954, that I last saw the deceased alive on Nov. 18, 1954, and that death occurred at 1:45 AM, from the causes and on the date stated above.

SIGNATURE: Gerhard Sonnenfeld M.D. — ADDRESS: Springfield State Hospital Sykesville Md. — DATE SIGNED: 11-20-54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 11/23/54 — NAME OF CEMETERY OR CREMATORY: Memorial Park — LOCATION (City, town, or county) (State): Frostburg Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 21, 1954 — REGISTRAR'S SIGNATURE: C. Harry Glew

24. FUNERAL DIRECTOR — ADDRESS: Hafer's Frostburg Md.

10285

MARYLAND 10287

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Sykesville
LENGTH OF STAY (In this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sykesville
STREET ADDRESS (If rural, give location) Oakland Road

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Daniel (Last) Brothers
4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 4, 1882
9. AGE last birthday 72 yrs.
If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY General
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Nelson Brothers
14. MOTHER'S MAIDEN NAME Martha L. Freeland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) U. nk. —
16. SOCIAL SECURITY No. 214-03-3671A
17. INFORMANT AND ADDRESS Mr. Allie Brothers - Sykesville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure, Carcinoma of gallbladder — Interval between onset and death: June 54.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis of liver + abdominal cavity. — to Nov 54.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION /
19b. MAJOR FINDINGS OF OPERATION Carcinoma of gallbladder & generalized metastasis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE) Sykesville, Carroll, Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 12, 1954, to Nov 27, 1954, that I last saw the deceased alive on Nov 27, 1954, and that death occurred at 7:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Howard E Hall M D
ADDRESS Sykesville Md
DATE SIGNED 27 Nov. 54

23. BURIAL, CREMATION / REMOVAL (Specify) Burial
DATE 11-30-54
NAME OF CEMETERY OR CREMATORY New Oakland
LOCATION (City, town, or county) (State) Carroll Co. Md.

DATE REC'D BY LOCAL REG. Nov. 28, 1954
REGISTRAR'S SIGNATURE C. Harry Weaver
24. FUNERAL DIRECTOR Hilton H. Haight
ADDRESS Sykesville, Md.

NOV 30 1954
BUREAU V

10288 10284

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 81

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Maryland Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
LENGTH OF STAY (in this place) .....
HOSPITAL OR INSTITUTION OR STREET ADDRESS .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location) .....

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) JOSEPH (Last) BROWN JR.

4. DATE OF DEATH (Month) (Day) (Year) Nov. 13 1954

5. SEX: male **6. COLOR OR RACE:** Colored **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single **8. DATE OF BIRTH:** July 21-1954 **9. AGE last birthday:** yrs. — IF UNDER 1 YEAR: Months — Days 23 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: William Joseph Brown
14. MOTHER'S MAIDEN NAME: Louise Yeager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: .....
17. INFORMANT & ADDRESS: Mrs. Louise, Union Bridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho-Pneumonia — 4 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) ..... DUE TO

(c) .....

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. .....

19a. DATE OF OPERATION: — **19b. MAJOR FINDING OF OPERATION:** — **20. AUTOPSY?** Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. — **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY — **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ — **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Wood M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 11/13/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11/15/54 — NAME OF CEMETERY OR CREMATORY St. Paul's (Lutheran) Cemetery — LOCATION (City, town, or county) (State) Union Bridge, Md.

DATE REC'D BY LOCAL REG. Nov. 13, 1954 — REGISTRAR'S SIGNATURE Leslie L. Repp

24. FUNERAL DIRECTOR Wm. H. Hiteshew & Son — ADDRESS Union Bridge, Md.

10287

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10289 **CERTIFICATE OF DEATH** Reg. Dist. No. 24

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville X
LENGTH OF STAY (in this place) 2 mos 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Field State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Eldersburg, Rt 4
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) EMILAN (Middle) FRANCIS (Last) BRIAN

4. DATE OF DEATH: (Month) NOVEMBER (Day) 24 (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 2-1-92
9. AGE last birthday 62 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Thompson
14. MOTHER'S MAIDEN NAME: Mary Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unk-
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) DUE TO Pick's Disease of the Brain (Presenile Dementia) — INTERVAL BETWEEN ONSET AND DEATH: Years - over 2
(B) DUE TO
(C) Pulmonary Tuberculosis — 3 weeks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Psychosis with cerebral arteriosclerosis

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-4-54, 19 54, to 11-24-54, 19 54, that I last saw the deceased alive on 11-24-54, 19 54, and that death occurred at 12:03 M, from the causes and on the date stated above.
SIGNATURE Ray H. Hayes M. D. ADDRESS Springfield State Hosp. DATE SIGNED 11/24/54

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial
DATE THEREOF 11-27-54
NAME OF CEMETERY OR CREMATORY Union
LOCATION (City, town, or county) (State) Burtonsville, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 26, 1954
REGISTRAR'S SIGNATURE C. Harry Wm
24. FUNERAL DIRECTOR Dewitt Donaldson ADDRESS Laurel, Md.

NOV 30 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10288

10290 CERTIFICATE OF DEATH

Reg. Dist. No. 7K

1. PLACE OF DEATH: COUNTY Carroll MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westminster; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City (10); STREET ADDRESS (If rural give location) 700 E. 41st St.

3. NAME OF DECEASED: (First) ACNES (Middle) CATHRINE (Last) CREAGH

4. DATE OF DEATH: (Month) NOVEMBER (Day) 21 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: October 25, 1878

9. AGE last birthday: 76 yrs

IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter J. Creagh

14. MOTHER'S MAIDEN NAME: Maria O'Donnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-05-7939A

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic myocardial disease — Interval between onset and death: Months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic cardiovascular disease — Years

DUE TO

(C) Chronic nephrosclerosis — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH [illegible]

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION [illegible]

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-9-, 19[illegible], to 11-21-, 1954, that I last saw the deceased alive on 11-21, 1954, and that death occurred at 4:20 PM, from the causes and on the date stated above.

SIGNATURE Edmund Faulkner M.D. ADDRESS Springfield State Hosp. DATE SIGNED 11-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 11/24/54; NAME OF CEMETERY OR CREMATORY New Cathedral Cem.; LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11-23-54; REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR John A. Moran ADDRESS 3000 E. Balto. St Balto

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10289

10291

CERTIFICATE OF DEATH

Reg. Dist. No. 81

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ERNEST (Middle) CLINTON (Last) DOWERY

4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 1954

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 2-1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): mail carrier

10b. KIND OF BUSINESS OR INDUSTRY: R.R. & P.O.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ned Dowery

14. MOTHER'S MAIDEN NAME: Mary Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-12-1620

17. INFORMANT'S ADDRESS: Edna F Dowery, Union Bridge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio-Vascular Disease — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1/54, to 11/7/54, that I last saw the deceased alive on 11/6/54, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE M. E. Robertson M.D. (Degree or title) ADDRESS New Windsor, Md DATE SIGNED 11/8/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/10/54

NAME OF CEMETERY OR CREMATORY Mt Olive Cem

LOCATION (City, town, or county) (State) Frederick County, Md

DATE REC'D BY LOCAL REGISTRAR Nov. 8, 1954

REGISTRAR'S SIGNATURE Leslie L. Kefauver

24. FUNERAL DIRECTOR D D Hartzler & Sons

ADDRESS Union Bridge, Md.

RECEIVED
NOV 10 1954
BUREAU V. S.

10290

MARYLAND — **STATE DEPARTMETT OF HEALTH**

10292

CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg — LENGTH OF STAY (In this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Theodore (Middle) Miller (Last) Easter

4. DATE OF DEATH (Month) (Day) (Year): Nov. 9, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Oct 29, 1874

9. AGE last birthday: 80 yrs. — If under 1 year Months — If under 1 day Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: James W. Easter

14. MOTHER'S MAIDEN NAME: Margaret Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: James W. Easter, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) arteriosclerosis Cerebral. — Interval between onset and death: 1 yr.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive C-V Disease — 6 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None. — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None. m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 7-1, 1948; to 11-9, 1954, that I last saw the deceased alive on 11-8, 1954; and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE L. D. Caplan — (Degree or title) M.D. — ADDRESS Reisterstown, Md. — DATE SIGNED Nov 10 '54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov 10, 1954 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 11-13-54 — REGISTRAR'S SIGNATURE: Harriet Miller

24. FUNERAL DIRECTOR — ADDRESS: J. F. Eline & Sons, Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10291

10293 CERTIFICATE OF DEATH Reg. Dist. No. 14

1. PLACE OF DEATH.
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 28yrs. 4½mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City 3 Vol 4
STREET ADDRESS (If rural give location) 312 S. Bouldin Street

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) C. (Last) EINERSEN

4. DATE OF DEATH: (Month) NOVEMBER (Day) 30 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: May 31, 1901
9. AGE last birthday 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jens E. A. Einerson
14. MOTHER'S MAIDEN NAME: Caroline Wolferman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE
(A) Bilateral lobar pneumonia aggravation type — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Epileptic convulsive disease — years.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Epilepsy with mental deficiency — Many Years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28, 1954, to 11-30, 1954, that I last saw the deceased alive on 11-30, 1954, and that death occurred at 3:50P M, from the causes and on the date stated above.

SIGNATURE Edmund Leuthan — ADDRESS M. D. Springfield State Hosp. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Dec. 4, 1954
NAME OF CEMETERY OR CREMATORY: Mt. Carmel
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12-3-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS: Lilly & Zeiler Inc., 403 S. Wolfe St.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10292

10277

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Westminster
LENGTH OF STAY (in this place) 1 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Penna Ave Ep

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westminster
STREET ADDRESS (If rural give location) Penna Ave Ep

3. NAME OF DECEASED: (Type or Print) (First) ADA (Middle) IDELLA (Last) ERB
4. DATE OF DEATH: (Month) Nov (Day) 30 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Dec 16 - 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joseph Helwig
14. MOTHER'S MAIDEN NAME: Catherine Zepp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 214-32-4088
17. INFORMANT & ADDRESS: Mrs Roland Zile, Westminster Penna Ave Ep

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral Hemorrhage	Nov 26/54
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Hypertension & Arteriosclerosis (Severe)	5 yrs
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 26, 1954, to Nov 30, 1954 that I last saw the deceased alive on Nov 26, 1954 and that death occurred at Nov 29/54 10:30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm Reinhardt MD Westminster Md 11/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Dec 3 - 1954 NAME OF CEMETERY OR CREMATORY Pleasant Valley LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec 1, 1954 REGISTRAR'S SIGNATURE Harold Miller 24. FUNERAL DIRECTOR ADDRESS D D Hartzler & Sons New Windsor, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10293

10294

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
   COUNTY Carroll
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
   MARYLAND LENGTH OF STAY (in this place) 11mos. 24days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE Maryland COUNTY
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2323 N. Charles St. Balto.
   STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) -- (Last) Erb

4. DATE OF DEATH (Month) 11 (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-6-1895

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Galt

14. MOTHER'S MAIDEN NAME: Betty Fritche

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

350x

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Parkinson's Disease — 9 years

DUE TO

(C)

SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8-, 1954, to 11-16-, 1954 that I last saw the deceased alive on 11-15-, 1954, and that death occurred at 4:30A M, from the causes and on the date stated above.

SIGNATURE M. M. Martin M.D. ADDRESS M.D. Springfield Hosp. Sykesville, Md. DATE SIGNED 11-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 11-19-54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 16, 1954 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10294

10295

CERTIFICATE OF DEATH

Reg. Dist. No. 7D

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Taneytown X
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown X
STREET ADDRESS (If rural give location) George Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Emma (Last) Feeser

4. DATE OF DEATH: (Month) Nov. (Day) 15, (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: January 12, 1868

9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Harman

14. MOTHER'S MAIDEN NAME: Margaret Tawney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Russell Feeser., Taneytown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 14 hrs.

ANTECEDENT CAUSE (S) DUE TO (B) generalized arteriosclerosis — 15 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952 to 15 Nov., 1954, that I last saw the deceased alive on 15 Nov., 1954, and that death occurred at 9:10 P.M., from the causes and on the date stated above.

SIGNATURE Walter E. Stevens M. D. ADDRESS Taneytown, Md. DATE SIGNED 17 Nov. 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 11/18/54

NAME OF CEMETERY OR CREMATORY: Reformed Cemetery

LOCATION (City, town, or county) (State): Taneytown, Maryland

DATE REC'D BY LOCAL REGISTRAR: Nov. 18, 1954

REGISTRAR'S SIGNATURE: Ethel M Melrump

24. FUNERAL DIRECTOR ADDRESS: C.O.Fuss & Son, Taneytown, Maryland

10295

MARYLAND

STATE DEPARTMETT OF HEALTH

10296 CERTIFICATE OF DEATH

Reg. Dist. No. 82-83

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine X
LENGTH OF STAY (in this place) 83 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) Howard (Last) Gosnell

4. DATE OF DEATH: (Month) 11 (Day) 24 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 29 April 1871

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter (retired)

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Frederick County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis W. Gosnell

14. MOTHER'S MAIDEN NAME: Mary L. Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: Mrs Fern Conaway - Sister.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Arrest — Arteriosclerosis, hypostatic pneumonia — 6 April 54 to 24 Nov 54

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cystitis, phlebitis, post operative prostatectomy

(c) Benign prostatic hypertrophy.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6 June 54

19b. MAJOR FINDINGS OF OPERATION: B.P.H.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) Woodbine (COUNTY) Maryland (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6 April, 1954, to 24 Nov., 1954, that I last saw the deceased alive on 24 Nov, 1954, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE Howard E Hall (Degree or title) M.D. ADDRESS Woodbine, Md DATE SIGNED 24 Nov 54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE 11-27-1954 | NAME OF CEMETERY OR CREMATORY Morgan Chapel | LOCATION (City, town, or county) (State) Carroll Co. Md.

DATE REC'D BY LOCAL REG. 11/29/54 | REGISTRAR'S SIGNATURE Hewett, RA

24. FUNERAL DIRECTOR C.M. Watts | ADDRESS Winfield, Md.

10296

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10297

CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester — LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Locust St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
STREET ADDRESS (If rural, give location) 6 Locust St

3. NAME OF DECEASED (Type or Print): (First) Edward. (Middle) M. (Last) Graf.

4. DATE OF DEATH: (Month) 11 (Day) 17 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-18-86

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retd Farmer

10b. KIND OF BUSINESS OR INDUSTRY: own Farm.

11. BIRTHPLACE (State or foreign country): Carroll Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John L. Graf.

14. MOTHER'S MAIDEN NAME: Mary Hunt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Edward Graf, Manchester, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fair advanced Rheumatoid arthritis — 8 yrs

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1947, to Nov 17, 1954, that I last saw the deceased alive on Nov 11, 1954, and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE: W. H. Hoard — (Degree or title) M. D. — ADDRESS: Manchester, Md — DATE SIGNED: 11-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-20-54 — NAME OF CEMETERY OR CREMATORY: Manchester Cem — LOCATION (City, town, or county) (State): Manchester, Carroll Co Md

DATE REC'D BY LOCAL REG. Nov. 18-54 — REGISTRAR'S SIGNATURE: Mrs. W. P. L. Demmer

24. FUNERAL DIRECTOR: R. B. Wisner — ADDRESS: Manchester Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10297

10298 CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Rural Westminster — LENGTH OF STAY (in this place) about 14 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glover Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural give location) Bethel Road

3. NAME OF DECEASED: (Type or Print) (First) CATHARINE (Middle) JUSTANA (Last) GREENE

4. DATE OF DEATH: (Month) NOV. (Day) 10 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Sept 26 1856

9. AGE last birthday: 98 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): house-wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Melchoir Towble Alizore

14. MOTHER'S MAIDEN NAME: Julia Houck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Harland Greene, Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) chronic myocarditis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) cardio vascular disease — DUE TO

(c) Senility

Interval Between Onset And Death: (a) some years; (b) some years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Nov. 15, 1940, to Nov. 10, 1954, that I last saw the deceased alive on Nov. 8th, 1954, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. E. Billingslea M.D. — ADDRESS Westminster Md. — DATE SIGNED 10-11-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** Nov. 13, 54 — **NAME OF CEMETERY OR CREMATORY** Feusters Cemetery — **LOCATION** (City, town, or county), (State) Rural, Westminster Md.

DATE REC'D BY LOCAL REGISTRAR Nov 12 54 — **REGISTRAR'S SIGNATURE** Hemet Miller

24. FUNERAL DIRECTOR C. E. Myers Jr. — **ADDRESS** Westminster Md.

MARYLAND

10298

STATE DEPARTMENT OF HEALTH

10299 CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg; LENGTH OF STAY (In this place) 17 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg; STREET ADDRESS (If rural, give location) Route #97

3. NAME OF DECEASED (Type or Print): (First) Rachel (Middle) Amelia (Last) Harrison

4. DATE OF DEATH: (Month) November (Day) 7 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec 8 1886

9. AGE last birthday: 67 yrs. If under 1 year: Months, Days. If under 24 hr: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton Steffey

14. MOTHER'S MAIDEN NAME: Naomi E. Brothers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Tyson C. Harman Finksburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — Interval Between Onset And Death: 8 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary thrombosis (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 7, 1954, to Nov 7, 1954, that I last saw the deceased alive on Nov 7, 1954, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or Title) Clarence E. McWilliams Jr. M.D. ADDRESS Reisterstown Md. DATE SIGNED November 7 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Nov. 10, 54 — NAME OF CEMETERY OR CREMATORY: Finksburg Cemetery — LOCATION (City, town, or county) (State): Carroll, Md.

DATE REC'D BY LOCAL REG. 11-13-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: J.F.Eline & Son's — ADDRESS: Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10299

10300 # CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Union Mills
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Meadow View Convelscent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural- Westminster
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Brooke (Middle) S. (Last) Heltibridle

4. DATE OF DEATH: (Month) Nov. (Day) 4, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	1889	65 yrs				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	General farming	Maryland	U.S.A.

13. FATHER'S NAME: Emanuel Heltibridle

14. MOTHER'S MAIDEN NAME: Ellen Humbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
no		none	Mrs. Naomi Dodrer, Taneytown, Md/

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cerebral Hemorrhage	
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerosis DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 26 1954, to Nov. 6, 1954, that I last saw the deceased alive on Nov. 5, 1954, and that death occurred at 9 P M, from the causes and on the date stated above.

SIGNATURE D. H. Legg M. D. ADDRESS Union Mills - DATE SIGNED 11-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/7/54	Baust Cemetery	Tyrone, Carroll Co., Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 8, 1954	Ethel M. Mehring Deputy Harriet H. Miller	C.O.Fuss & Son,	Taneytown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 10 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10300

10301 CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Carroll MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville; LENGTH OF STAY (in this place) 2½ years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] City; STREET ADDRESS (If rural give location) 2537 Woodbrook Ave.

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 18, 1865

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: -- Miller

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): [illegible] (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: [illegible]

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO: [illegible] — 6 weeks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO: Arteriosclerotic [illegible] — 1 yr.

(C) [illegible]

SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: [illegible] — Many Years

19A. D. OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1954, to Nov. 18, 1954, that I last saw the deceased alive on Nov. 18, 1954, and that death occurred at 3:00 AM, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS Springfield St. Hosp. DATE SIGNED 11/19/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 11/22/54 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. — LOCATION (City, town or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 11-19-54 — REGISTRAR'S SIGNATURE: G. M. Hedrick — 24. FUNERAL DIRECTOR: Wm. J. Pickens & Sons — ADDRESS: Balto 17 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10302 CERTIFICATE OF DEATH

Reg. Dist. No. 10301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CARROL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FINKSBURG RURAL #1
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS FINKSBURG RURAL #1

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY CARROL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL #1 FINKSBURG
STREET ADDRESS (If rural give location) RURAL #1

3. NAME OF DECEASED: (Type or Print) (First) LLOYD (Middle) NICHOLS (Last) JOYNER

4. DATE OF DEATH: (Month) 11 (Day) 4 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUG. 24, 1902

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: ELECTRICAL ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY: DEPT. OF EDUCATION

11. BIRTHPLACE (State or foreign country): BALTO-MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH JOYNER

14. MOTHER'S MAIDEN NAME: ANNA NICHOLS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-24-2054

17. INFORMANT & ADDRESS: WIFE MRS. ANNA M. JOYNER (SAME)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sarcoma of left kidney — Interval Between Onset And Death: about 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) metastases to lungs — 4 months
DUE TO (c) Cachexia

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: ✓ 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ✓

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓ PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) ✓ (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓ INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 1- 15 ,19 54 to 11- 4 , 19 54 , that I last saw the deceased alive on 11- 3 - 19 54 and that death occurred at 4 PM , from the causes and on the date stated above.

SIGNATURE (Degree or title) James L Lafell, M.D. ADDRESS Reisterstown Md DATE SIGNED 11-4-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 11-8-1954 NAME OF CEMETERY OR CREMATORY New Cathedral LOCATION (City, town, or county) Balto. (State) Md

DATE REC'D BY LOCAL REGISTRAR November 6 1954 REGISTRAR'S SIGNATURE R.W

24. FUNERAL DIRECTOR Haile Conklin ADDRESS 2343 Hartford

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10302

10278 CERTIFICATE OF DEATH

Reg. Dist. No. 2-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 16 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 39 W. Green St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural give location) 39 W. Green St.

3. NAME OF DECEASED: (Type or Print) (First) TOM (Middle) (Last) Mc NAMARA

4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 23 1890

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Chem. Co.

11. BIRTHPLACE (State or foreign country): Bedford, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Mc Namara

14. MOTHER'S MAIDEN NAME: Anna Purcelle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Mrs. Tom Mc Namara 39 W. Green St. Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Embolism. — Interval Between Onset And Death: Immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease Aortic Insufficency — years.
DUE TO (c) + Cardiac Enlargement

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/5/E., 1951, to 11/10, 1954, that I last saw the deceased alive on 11/10, 1954, and that death occurred at 10:PM., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ellen Moulton M.D. ADDRESS Westminster Md. DATE SIGNED 11/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov. 15, 54 NAME OF CEMETERY OR CREMATORY Arnold Ridge Cemetery LOCATION (City, town, or county) (State) Pikesville / Md

DATE REC'D BY LOCAL REGISTRAR 11-13-54 REGISTRAR'S SIGNATURE Harriet Smith

24. FUNERAL DIRECTOR J. E. Myers, Jr. ADDRESS Westminster Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10303 CERTIFICATE OF DEATH

10303

Reg. Dist. No. 8

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Union Bridge-Rural
LENGTH OF STAY (in this place) 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cummings Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keymar
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) E. (Last) Mehring

4. DATE OF DEATH: (Month) Nov. (Day) 13, (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Feb. 8, 1863

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William M. Mehring

14. MOTHER'S MAIDEN NAME: Lavina Sharrets

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Charles Mehring, Keymar, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1542

IMMEDIATE CAUSE (A) Carcinoma Rectum

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: C

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 8, 1954, to Nov. 13, 1954 that I last saw the deceased alive on Nov. 13, 1954, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE T. H. Legg M. D. ADDRESS Union Bridge DATE SIGNED 12-15-54 Md

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 11/16/54

NAME OF CEMETERY OR CREMATORY: Haugh's Cemetery

LOCATION (City, town, or county) (State): Ladiesburg, Maryland

DATE REC'D BY LOCAL REGISTRAR: Nov. 13, 1954

REGISTRAR'S SIGNATURE: Lelia A. Kefauver

24. FUNERAL DIRECTOR ADDRESS: C.O.Fuss & Son, Taneytown, Md.

10304

MARYLAND — **STATE DEPARTMETT OF HEALTH**

10304 CERTIFICATE OF DEATH

Reg. Dist. No. 82-83

1. PLACE OF DEATH: COUNTY carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine — LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Woodbine Berrett Rest

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 82 West Main St

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) A (Last) Miller

4. DATE OF DEATH: (Month) 11 (Day) 25 (Year) 54 19

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 9/30/1863 — 9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework — 10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Carroll Co. Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Adam Yingling

14. MOTHER'S MAIDEN NAME: Almeda Burgoon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS: B. Frank Yingling, 36 W. Main St. Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — APPROX. INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Valvular heart disease — 3+ yrs

Antecedent cause (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) Senile psychosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952 to 11-25-1954, that I last saw the deceased alive on Nov. 9, 1954, and that death occurred at 11:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Elsie Wilkins M.D. Carroll Co. Westminster 11/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11/28/54 — NAME OF CEMETERY OR CREMATORY: St Marys cem. — LOCATION (City, town, or county) (State): Silver Run Carroll Md.

DATE REC'D BY LOCAL REG. 11-27-1954 — REGISTRAR'S SIGNATURE: Pfc. Robert R. Hewitt — 24. FUNERAL DIRECTOR — ADDRESS: C. W. Settle and Son Littlestown Pa. Per R. A. Settle.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 30 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10305

10305 CERTIFICATE OF DEATH

Reg. Dist. No. 81

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Union Bridge
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ann (Last) Miller

4. DATE OF DEATH: (Month) Nov. (Day) 4, (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 11, 1869

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles H. Ilgenfritz

14. MOTHER'S MAIDEN NAME: Matilda Emswayler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. John Boone, Union Bridge, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO Carcinoma - jaw

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1 , 1954, to Nov 6 , 1954, that I last saw the deceased alive on Nov 4 , 1954, and that death occurred at 5 P M, from the causes and on the date stated above.

SIGNATURE J. H. Legg M.D. M. D. ADDRESS Union Bridge DATE SIGNED 11-6-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/7/54

NAME OF CEMETERY OR CREMATORY Haugh's Mt. Zion Cemetery

LOCATION (City, town, or county) (State) Ladiesburg, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 6, 1954

REGISTRAR'S SIGNATURE Leslie L. Repp

24. FUNERAL DIRECTOR ADDRESS C.O.Fuss & Son, Taneytown, Md/

RECEIVED
NOV 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10306

10306

CERTIFICATE OF DEATH

Reg. Dist. No. . . . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural, Westminster
LENGTH OF STAY (in this place) all his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 56 Charles St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Westminster
STREET ADDRESS (If rural give location) 56 Charles St.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) SAMUEL (Last) MORGAN

4. DATE OF DEATH: (Month) NOV. (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 30, 1887

9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Western Md. College

11. BIRTHPLACE (State or foreign country): West Minster Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Morgan

14. MOTHER'S MAIDEN NAME: Mary Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-32-3818

17. INFORMANT & ADDRESS: Mrs. Romaine Budd, West Minster Md. 56 Charles St.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Myocarditis (chr)	?
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension (chr)	?
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None	

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 19 54, to Nov 3, 19 54, that I last saw the deceased alive on Nov 2, 19 54, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. C. Jennette M.D.

ADDRESS Westminster Md.

DATE SIGNED 11-4-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 7. 1954

NAME OF CEMETERY OR CREMATORY Ellsworth Cemetery

LOCATION (City, town, or county) (State) Rural, West Minster, Md.

DATE RECD BY LOCAL REGISTRAR 11-4-54

REGISTRAR'S SIGNATURE Harriet Nulton

24. FUNERAL DIRECTOR J. E. Myers, Jr.

ADDRESS West Minster Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10307

10307 CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH: Rt 27 Mrs Danner Rt Westminster
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
LENGTH OF STAY (in this place) 1 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: at Danners
STATE Md COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Westminster
STREET ADDRESS (If rural, give location) Rt Westminster

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Lynn (Last) Caton
4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 1954
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Feb 20 1883
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR, IF UNDER 24 HRS. Months | Days | Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James P Caton
14. MOTHER'S MAIDEN NAME: Mary Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. R. Cummings Rt 27 Westminster

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: Probably a few minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 2+ yrs
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. mit stenosis (?)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1953 to Nov 16, 1954, that I last saw the deceased alive on Nov 15 1954, and that death occurred at ..... from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. Kesselkirkens M.D. Westminster 11/16/54

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF Nov 16 54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Parrs Ridge Md
(State)

DATE REC'D BY LOCAL REGISTRAR Nov 16, 1954
REGISTRAR'S SIGNATURE Harriet Butler
24. FUNERAL DIRECTOR H C Leigh Sr Oakland Md
ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10308

10308 CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) (Last) [illegible]

4. DATE OF DEATH. (Month) [illegible] (Day) [illegible] (Year) 19 54

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Marri[illegible] | 8 DATE OF BIRTH. [illegible] | 9. AGE last birthday [illegible] yrs. | IF UNDER 1 YEAR Months [illegible] Days [illegible] | IF UNDER 24 HRS. Hours [illegible] Min. [illegible]

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible] | 10B KIND OF BUSINESS OR INDUSTRY: [illegible] | 11. BIRTHPLACE (State or foreign country): Ma[illegible] | 12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: [illegible] father | 14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) [illegible] (If Yes, give war or dates of service) [illegible] | 16. SOCIAL SECURITY NO. [illegible] | 17. INFORMANT & ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cardiovascular arteriosclerotic [illegible]
(C) DUE TO

II SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CBS assoc. W[illegible] growth or nutriti[illegible]

19A DATE OF OPERATION: [illegible] | 19B. MAJOR FINDINGS OF OPERATION W[illegible] | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on 11-17, 19[illegible], and that death occurred at 11:[illegible] M, from the causes and on the date stated above.

SIGNATURE Edward Smithers ADDRESS M.D. [illegible] DATE SIGNED 11-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) [illegible] | DATE THEREOF 11-21-54 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REGISTRAR [illegible] | REGISTRAR'S SIGNATURE [illegible] | 24 FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10309

10309 **CERTIFICATE OF DEATH** Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Sykesville
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital Sykesville, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 1905 Dayton St.

3. NAME OF DECEASED: (Type or Print) (First) Sara (Middle) Bradford (Last) Peterson

4. DATE OF DEATH: (Month) 11 (Day) 12 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 5-17-75

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Work -

10B. KIND OF BUSINESS OR INDUSTRY: Work -

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY? Work -

13. FATHER'S NAME: William Peterson

14. MOTHER'S MAIDEN NAME: Myra (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Work - (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. Work -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Cardiovascular Disease — Years

DUE TO

(C) Marked Generalized Arteriosclerosis — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-28, 1954, to 11-12, 19 54 that I last saw the deceased alive on 11-12, 1954., and that death occurred at 4:00 P M, from the causes and on the date stated above.

SIGNATURE Ray H. Hayes M.D. Sykesville, Maryland

M. D. Springfield State Hosp

DATE SIGNED 11-13-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal Cremation — DATE THEREOF 11/13/54 — NAME OF CEMETERY OR CREMATORY Ft Lincoln — LOCATION (City, town, or county) (State) Pt Geo Cty MD

DATE REC'D BY LOCAL REGISTRAR Nov. 13, 1954 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Warner & Lumphrey — ADDRESS SS MD

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10310

10310. # CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) PETTA JANE RANDALL

4. DATE OF DEATH: (Month) NOVEMBER (Day) [illegible] (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: November 5, 1880

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Rile

14. MOTHER'S MAIDEN NAME: Dora Anne Yowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unk-

17. INFORMANT & ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSE (B) DUE TO Cerebral arteriosclerosis — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Psychosis with cerebral arteriosclerosis — Years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-16, 1954, to 11-28, 1954 that I last saw the deceased alive on 11-28, 1954, and that death occurred at 9:30 PM, from the causes and on the date stated above.

SIGNATURE Edmund Lusthaus M.D. ADDRESS Springfield State Hospital DATE SIGNED 11-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12-1-54

NAME OF CEMETERY OR CREMATORY Westminster

LOCATION (City, town, or county) (State) Westminster, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 29, 1954

REGISTRAR'S SIGNATURE C. Harry Lewis

24. FUNERAL DIRECTOR ADDRESS C. A. Bood - Westminster, Md.

MARYLAND

10311

STATE DEPARTMETT OF HEALTH 10311

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
LENGTH OF STAY (in this place) 29 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lynda (Middle) Rucker (Last) Richeson

4. DATE OF DEATH: (Month) 11 (Day) 8 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-18-80

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Emmerat Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm B. Rucker

14. MOTHER'S MAIDEN NAME: Ida B. Higginbotham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: Unk

17. INFORMANT AND ADDRESS: J.B. Richeson, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Arrest — Interval Between Onset and Death: Month 1954

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of pancreas, generalized metastasis. — 8 Nov 1954

(c) Hypo protinemia, edema, anemia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: 0

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1954, to 8 Nov, 1954, that I last saw the deceased alive on 8 Nov, 1954, and that death occurred at 8 30 P m., from the causes and on the date stated above.

SIGNATURE Harold E Hall (Degree or title) MD ADDRESS Sykesville DATE SIGNED 8 Nov 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 11-11-54 — NAME OF CEMETERY OR CREMATORY: Pine Grove — LOCATION (City, town, or county) (State): Elmwood, Howard Md.

DATE REC'D BY LOCAL REG.: Nov. 9, 1954 — REGISTRAR'S SIGNATURE: C. Harry Uhler

24. FUNERAL DIRECTOR: Peter H. Hayes & Sons — ADDRESS: Hampstead, Md

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 10 1924
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10312

10312 **CERTIFICATE OF DEATH** Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Carroll; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Springfield; MARYLAND LENGTH OF STAY (in this place) 1yr. 9mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY HOWARD; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland; STREET ADDRESS (If rural give location) ---

3. NAME OF DECEASED: (Type or Print) (First) Adelaide (Middle) --- (Last) Ridgely

4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 6-23-1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months ---, Days ---; IF UNDER 24 HRS.: Hours ---, Min. ---

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife & Farm work

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Thompson

14. MOTHER'S MAIDEN NAME: Mahaley Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. ---

17. INFORMANT & ADDRESS. Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Mesenteric thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma of stomach — Unknown

DUE TO

(C)

II SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE OR CONDITION CAUSING DEATH.

19A. OPERATION: ---

19B. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ---

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ---

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ---

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ---

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 11-23-, 1953 to 11-16-, 1954, that I last saw the deceased alive on 11-15-, 1954, and that death occurred at 7:30 A M, from the causes and on the date stated above.

SIGNATURE AND TITLE OF M.D. W. W. Martin, M.D. ADDRESS Springfield Hosp, Sykesville, Md. DATE SIGNED 11/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11/19/54 | NAME OF CEMETERY OR CREMATORY Linthicum Chapel | LOCATION (City, town, or county) (State) Howard Co. Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 16, 1954 | REGISTRAR'S SIGNATURE L. Harry Weber

24. FUNERAL DIRECTOR Easton Sons ADDRESS Catonsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10313

10313 **CERTIFICATE OF DEATH** Reg. Dist. No. 74

1. PLACE OF DEATH: MARYLAND
COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible] X
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) York —
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) WM (Last) ROBERTS

4. DATE OF DEATH: (Month) 11 — (Day) 14 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARR ED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 12-21-73 | 9. AGE last birthday: 80 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer | 10B. KIND OF BUSINESS OR INDUSTRY: Lawyer | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Roberts

14. MOTHER'S MAIDEN NAME: Edith Bowie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) [illegible] (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 84 hrs.

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (322.11) DUE TO (C)

II SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Alcoholism — 19 years +.

19A. DATE OF OPERATION: [illegible] | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-27-1954 to 11-14.., 1954, that I last saw the deceased alive on 11-13-, 1954, and that death occurred at 3.35 A.M., from the causes and on the date stated above.

SIGNATURE Walther H. Sonnenfeldt M.D. ADDRESS M. D. Springfield State Hospital DATE SIGNED 11/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 11/14/54 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REGISTRAR Nov. 14, 1954 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] | ADDRESS [illegible]

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11393

10314 CERTIFICATE OF DEATH

Reg. Dist. No. 71

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Rural, Westminster
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carlsbaum Boarding Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural give location) 38 W. Green St.

3. NAME OF DECEASED: (Type or Print) (First) FANNIE (Middle) KATE (Last) ROYER

4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 10, 1872
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home-wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hanover, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ezra M. Bish
14. MOTHER'S MAIDEN NAME: Margaret Ruth Roger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs. F. Lamotte Smith, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute Cardiac Decompensation — Interval Between Onset And Death: 10 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) acute Lobar Pneumonia — 6 days
DUE TO (c) Cardio Vascular disease — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Vertebral Arthritis — 6 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-5, 1954, to 11-28, 1954, that I last saw the deceased alive on 11-28, 1954, and that death occurred at 1-45 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Chas. R. Fouts M.D. ADDRESS Westminster Md. DATE SIGNED 11-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 1 1954
NAME OF CEMETERY OR CREMATORY Meadow Branch
LOCATION (City, town, or county) (State) Rural, Westminster, Md.

DATE REC'D BY LOCAL REGISTRAR Dec 1 1954
REGISTRAR'S SIGNATURE Margaret R. Englar
24. FUNERAL DIRECTOR J. S. Myers Jr.
ADDRESS Westminster, Md.

VS. A15

RECEIVED
DEC 1 1 1911
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10314

10315 # CERTIFICATE OF DEATH Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville X
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 943 Corbet St.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) CATHRYN (Last) CRAIL

4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 20, 1886

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory work

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Issac Jude

14. MOTHER'S MAIDEN NAME: Alice Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unk-

17. INFORMANT & ADDRESS: Hospital record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Hypertensive cardiovascular disease — 1 day

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Involutional psychosis. — 2 months

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20 ..., 19 54 to 11-27 ..., 19 54 that I last saw the deceased alive on 11-27 ..., 19 54, and that death occurred at 2:45 A.M, from the causes and on the date stated above.

SIGNATURE Walther H. Immendell ADDRESS M.D. Springfield State Hospital DATE SIGNED 11/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov 30/54 — NAME OF CEMETERY OR CREMATORY Rose Hill Mem — LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov. 28, 1954 — REGISTRAR'S SIGNATURE C. Henry Wees

24. FUNERAL DIRECTOR A K Leffler — ADDRESS Hagerstown Md

RECEIVED
NOV 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10315

10316

CERTIFICATE OF DEATH

Reg. Dist. No. 82-83

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
LENGTH OF STAY (in this place) 9yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) R. (Last) Sier

4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 3-20-1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer(retired)

10b. KIND OF BUSINESS OR INDUSTRY: Own r

11. BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Upton D. Sier

14. MOTHER'S MAIDEN NAME: Laura V. Clay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) [illegible] (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Jani[illegible] V.Si[illegible], [illegible] A[illegible], Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral Thrombosis	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Advanced Cerebral Arteriosclerosis	10 yrs
	DUE TO (c) Generalized arteriosclerosis with nephrosclerosis & uremia	15 yrs
	Arteriosclerotic Heart Disease	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic arthritis

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION ----

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21 19 54, to Nov. 9, , 1954, that I last saw the deceased alive on 11-9-54, 19 , and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. McKendree Boyer, M. D. ADDRESS Druid Theatre Building, Damascus, Md. DATE SIGNED 11-10-54

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 11-12-1954 NAME OF CEMETERY OR CREMATORY Providence LOCATION (City, town, or county) (State) Kemptown, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 12 '54 REGISTRAR'S SIGNATURE Robert R. Hewett

24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md. ADDRESS

Mab.

10317 10316

Item 18 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (In this place): 1 yr. 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Hampstead
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) HILDA (Middle) ELIZABETH (Last) SNYDER

4. DATE OF DEATH: (Month) NOVEMBER (Day) 28 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 16, 1899

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Floorlady

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Weaver

14. MOTHER'S MAIDEN NAME: Elizabeth Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-01-9988

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arsenic poisoning, ~~Hemorrhaging~~ Hemorrhagic Gastritis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) pulmonary edema

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 10 days / 24 hrs

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Involutional psychotic reaction (agitated depression) — Approx. 2 years

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE: James J. Shanahan M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED: 11/29/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 1/54

NAME OF CEMETERY OR CREMATORY: Westley

LOCATION (City, town, or county) (State): Carroll Co. Md.

DATE REC'D BY LOCAL REG.: Nov. 29, 1954

REGISTRAR'S SIGNATURE: C. Harry Eckard

24. FUNERAL DIRECTOR: Edward C. Tipton

ADDRESS: Hampstead Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10317

10318 CERTIFICATE OF DEATH

Reg. Dist. No. 04

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 2yrs. 5mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 212 S. Robinson Street

3. NAME OF DECEASED: (Type or Print) (First) Jeannette (Middle) — (Last) Symonds

4. DATE OF DEATH: (Month) 11 (Day) 5 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10-14-1889

9. AGE last birthday: 65 yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Pennsboro, West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Giebell

14. MOTHER'S MAIDEN NAME: ? - Railly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Infarct — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cerebral Arterio Sclerosis — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) ---
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ---
(CITY OR TOWN) ---
(COUNTY)
(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ---
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 6-9-53, to 11-5-54, that I last saw the deceased alive on 11-5-54, and that death occurred at 1:10 P.M. from the causes and on the date stated above.

SIGNATURE M. N. Martin, M.D. (Degree or title) ADDRESS Springfield State Hospital - Sykesville, DATE SIGNED 11-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/9/54
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) Baltimore
(State) Md.

DATE REC'D BY LOCAL REGISTRAR 11-8-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR John A. Horan
ADDRESS 3000 E. Baltimore St

per H.Lewis

VS. A15

10318

MARYLAND

STATE DEPARTMETT OF HEALTH

10319

CERTIFICATE OF DEATH

Reg. Dist. No. 75

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RD #1
MARYLAND — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Manchester

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RD #1
STREET ADDRESS (If rural, give location): Manchester

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) F. (Last) Theirt

4. DATE OF DEATH: (Month) 11-30 (Day) (Year) 1954

5. SEX: m

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): marr

8. DATE OF BIRTH: 3/11/79

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Carrol County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Theirt

14. MOTHER'S MAIDEN NAME: Annie Eisenhuth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Clara V Theirt Manchester RD #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinma of Stmach — Interval Between Onset and Death: 2 mo

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-16-54

19b. MAJOR FINDINGS OF OPERATION: Carcinma of Stmach

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1 '54, to Nov. 30 '54, that I last saw the deceased alive on 11-30, 1954, and that death occurred at 10:45 p m., from the causes and on the date stated above.

SIGNATURE: [illegible] MD — (Degree or title) — ADDRESS: Hampstead Md — DATE SIGNED: 12-1-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 12/3/54 — NAME OF CEMETERY OR CREMATORY: Manchester Cem — LOCATION (City, town, or county) (State): Manchester Carroll Co Md

DATE REC'D BY LOCAL REG.: Dec 1 - 54 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: P B Wantz — ADDRESS: Manchester Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10319

10320 CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville X
LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital 15

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy 1 mi. S.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) IDELLA (Last) MOWER

4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 19 54

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: June 9, 1893 | 9. AGE last birthday: 61 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Molesworth

14. MOTHER'S MAIDEN NAME: Margaret Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unk-

17. INFORMANT & ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (B) DUE TO Multiple Sclerosis — years.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CBS [illegible] with [illegible] ic 4 yrs.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION reaction. | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-25-54, 19..., to 11-28-54, 19..., that I last saw the deceased alive on 11-25-54, 19..., and that death occurred at 12:20 A M, from the causes and on the date stated above.

SIGNATURE Edward Lusthaus M.D. ADDRESS Springfield State Hospital DATE SIGNED 11-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 30, 1954 | NAME OF CEMETERY OR CREMATORY Poplar Springs | LOCATION (City, town, or county) (State) Poplar Springs, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 30, 1954 | REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10320

10321 CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sinebors, Md R.D.
LENGTH OF STAY (in this place) 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sinebors, Md R.D.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MINA (Middle) HUDSON (Last) WALTEMYER

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: April 1. 1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Hudson

14. MOTHER'S MAIDEN NAME: Anna Perago

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Maurice Haines, Sinebors, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteris. Sclerosis Heart Disease — Interval Between Onset And Death: 2 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Congestive Failure
DUE TO (c)

420.0

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atrophic Arthritis — 15 yrs

19a. DATE OF OPERATION: 0 **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Nov., 1954, that I last saw the deceased alive on Nov. 20, 1954, and that death occurred at 9:17 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M. P. Whitfield, M.D. ADDRESS Hampstead Md DATE SIGNED 11/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11/25/54 NAME OF CEMETERY OR CREMATORY Round Hill LOCATION (City, town, or county) (State) East Hanover Twp York, Pa.

DATE REC'D BY LOCAL REGISTRAR Nov. 22-54 REGISTRAR'S SIGNATURE Mrs. W. P. Denner

24. FUNERAL DIRECTOR Hartsock Bros, Hanover Pa. ADDRESS

VS. A15

RECEIVED
NOV 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10321

10322 CERTIFICATE OF DEATH Reg. Dist. No. 81

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Union Bridge R.F.D.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) EDWARD (Last) WETZEL

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 11/20/1877
9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer - retired
10b. KIND OF BUSINESS OR INDUSTRY: Tenant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Washington L. Wetzel
14. MOTHER'S MAIDEN NAME: Martha Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: J. M. Wetzel, Union Bridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-sclerosis

DUE TO

(c)

331X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26, 1954, to 11-2-, 1954, that I last saw the deceased alive on 11-2-, 1954, and that death occurred at 3:45 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) J. H. Legg M.D.
ADDRESS Union Bridge
DATE SIGNED 11-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/5/54
NAME OF CEMETERY OR CREMATORY Pipe Creek Cem.
LOCATION (City, town, or county) (State) Carroll County, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 3, 1954
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR C. O. Hartle & Son
ADDRESS Union Bridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 8 1954
BUREAU V. S.